



Quality Improvement Activity RCA Report Form

Network Information	
ESRD Network Number & Name	I PRO ESRD Network of New York (NW2)
Contact	Anna Bennett abennett@nw2.esrd.net
Facility Selection	
Facility Name	
Facility CCN	
QIA	Promote Gainful Employment (Vocational Rehabilitation)
Specific Improvement Goals	<ul style="list-style-type: none"> A. Increase VR referral of eligible patients to ENs and/or VR by at least a ten (10) percentage points by September 30th. B. Demonstrate at least a five (5) percentage point improvement in the number of referred eligible patients receiving EN and/or VR services by September 30th
Measure	VR Referral and Utilization status CROWNWeb Patient Record
Target (numeric)	Screen, engage and update 100% of patient population by 9/30

SECTION 1. (TO BE FILLED OUT BY FACILITY STAFF)

Root Cause Analysis	
Name(s) of facility staff involved in RCA	
Date RCA completed	
<p>What are the top 3 underlying issues that facility staff identify as potential causes for poor performance on the identified measure(s) targeted for this PHFP QIA? Which root cause method did you use (e.g., Current Reality Tree, Failure Mode and Effects Analysis, Fault Tree Analysis, Fishbone Diagram, Five Whys Analysis, Pareto Analysis,)?</p>	

SECTION 2.

PDSA CYCLE: Describe the intervention to address the root causes.

<p>PLAN:</p> <p><u>Clinic:</u> <i>Name</i></p> <p><u>Goal:</u> <i>0.0%</i></p> <p><u>Predictions:</u> <i>What are you trying to accomplish?</i></p> <p><u>Data needed:</u></p>	<p>DO:</p> <p><u>What:</u> <i>What will implementation entail? Specifically what will staff do?</i></p> <p><u>When:</u> <i>When will implementation of the intervention (the what), begin?</i></p> <p><u>Who:</u> <i>Who is the facility staff member that is responsible for overseeing the PSDA process?</i></p>
<p>STUDY:</p> <p>Review Data:</p> <p>What are your facility’s baseline rates for:</p> <p>Referral:</p> <p>Utilization:</p>	<p>ACT:</p> <p><i>What changes can be made that will result in improvement?</i></p>
<p>Intervention start date</p>	<p><i>On what date did/will the “Do” actions begin?</i></p>
<p>Interim performance targets and dates</p>	<p><i>How will the facility check process and how often?</i></p>

Optional Reference:

<http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>

The Fundamentals of the Model for Improvement and testing changes on a small scale using PDSA Cycles

PDSA Template developed by Audrey Broaddus, Quality Improvement Director of The Renal Network, Network 10.